



Louisiana Department of Health Informational Bulletin 15-17

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Billing for Specialized Mental Health and Substance Use Services for Dual Eligibles

Providers who bill for medically necessary services for Louisiana Medicaid enrollees who are Medicare and Medicaid eligible should follow the process detailed below. This only applies to dual eligible enrollees who have a Louisiana Medicaid behavioral health benefit. Hospital and professional claims delivered by licensed practitioners should be submitted to Medicare first, and claims for services delivered by unlicensed staff should be submitted directly to the enrollee's managed care organization (MCO). Billing providers who are eligible to enroll with Medicare and bill dual eligible claims must be enrolled in Fee-for-Service Medicaid for claims to be processed and considered for payment (including Licensed Mental Health Practitioners and Mental Health Rehabilitation providers). If providers are not enrolled, claims will not be accepted by Medicaid for processing. For a Medicaid provider enrollment application visit www.lamedicaid.com or select this link: http://www.lamedicaid.com/provweb1/Provider_Enrollment/newenrollments.htm.

Hospital and Professional Claims

This is a two-step process:

1. Providers should submit claims for dual eligible enrollees to Medicare as the primary payer for hospital and professional claims. The provider will receive the Medicare allowable amount for all covered services.
2. Medicare will then electronically transmit all hospital and professional claims to Medicaid for adjudication as the secondary payer.

EXCEPTION: Since Medicare does not enroll and reimburse billing providers for professional claims submitted for Licensed Professional Counselors (LPC), Licensed Marriage and Family Therapists (LMFT), and Licensed Addiction Counselors (LAC), all professional claims including individual, family and group therapy should be submitted directly to the member's MCO, bypassing Medicare.

Services Delivered by Unlicensed Staff

The mental health and substance use services listed below are not reimbursed by Medicare. Providers should submit claims directly to the Medicaid enrollee's MCO. Submitting the claims to Medicare first is not required and will result in a denial and delay in payment.

- H0001 – Alcohol and/or drug assessment (unlicensed individual under supervision of a licensed clinician) ****with a modifier for degree level****
- H0004 – Behavioral health counseling and therapy, unlicensed (unlicensed individual under supervision of a licensed clinician) ****with a modifier for degree level****
- H0005 – Addiction – alcohol and/or drug services, group counseling by a clinician (unlicensed individual under supervision of a licensed clinician) ****with a modifier for degree level****
- H0011 – Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (adult only Level ~~##3.7~~W~~M~~)
- H0012 – Alcohol and/or drug abuse service; sub-acute detoxification (residential addiction program outpatient) (Level ~~##3.2~~W~~M~~)
- H0014 – Alcohol and/or drug treatment, ambulatory detox
- H0015 – Alcohol and/or drug services, intensive outpatient (treatment program that operates at least three hours per day and at least three days per week and is based on an individualized treatment plan), including assessment, counseling, crisis intervention and activity therapies or education (licensed and unlicensed individual under supervision of a licensed clinician) ****with a modifier for degree level**** (Level ~~##2.1~~)
- H0018 – Therapeutic group home
- H0019 – Addiction – behavioral health, long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (adult only Level ~~##3.3~~)
- H0036 – Community psychiatric support and treatment
- H0038 – Peer support services
- H0039 – Assertive community treatment, per diem
- H0045 – Crisis stabilization
- H0049 – Addiction – alcohol and/or drug screening
- H0050 – Alcohol and/or drug services, brief intervention, per 15 minutes
- H2011 – Crisis intervention – per 15 minute unit
- H2011 – Mobile crisis response
- H2011 – Community brief crisis support
- H2013 – Psychiatric health facility service, per diem (specialized)
- H2017 – Psychosocial rehabilitation
- H2024 - Individual placement and support
- H2033 – Multisystemic therapy
- H2034 – Alcohol and/or drug abuse, halfway house services, per diem (Level ~~##3.1~~)
- H2036 – Alcohol and/or drug treatment program, per diem (Level ~~##3.5~~)
- S5125 – Personal care services

- S5126 – Personal care services – per diem
- S9484 – Behavioral health crisis care
- S9485 – Rehab. Crisis intervention – per diem
- S9485 – Mobile crisis response
- S9485 – Behavioral health crisis care – per diem